

Your Organization

Primary Business Address
 Your Address Line 2
 Your Address Line 3
 Your Address Line 4

Phone: 555-555-5555
 Fax: 555-555-5555
 E-mail: someone@example.com

Invoice A/E

Your Invoice #
Date: xx/xx/xxxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

For: (JOB DESCRIPTION)

- 1. Service description**
- 2. PO number**
- 3. Project number**
- 4. Project Name & Description**

PHASE	CONTRACT AMOUNT	% OF TOTAL CONTRACT	PREVIOUSLY BILLED	THIS INVOICE	REMAINING	% COMPLETE
Schematic Design		15 %				
Design Development		15 %				
Construction Documents		35 %				
Bidding		3 %				
Construction Administration		22 %				
DSA 6 A/E Submittal		4 %				
100% Closeout		3 %				
DSA Cert Letter		3 %				
Totals:		100%				

FINANCIAL CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT \$XXXXXX
 APPROVED CHANGE ORDER AMOUNT \$XXXXXX
 INVOICED AMOUNT BILLED TO DATE \$XXXXXX
TOTAL REMAINING BALANCE \$XXXXXX



Make all checks payable to: **Your Organization**

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Invoice A/E

Invoice #
Date: xx/xx/xxx

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**PLEASE NOTE: THIS BACKUP DOCUMENTATION IS
REQUIRED FOR BOND AUDITS**

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NAME OF PERSON WHO PERFORMED SERVICES	DATE	HOURS	RATE	AMOUNT
			TOTAL	



Special note: Total must match billed amount on page 1. If total does not match, please clarify reason for discrepancy.